Image# 10990530306 FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)					
Suzanne Kosmas					
(b) Address (number and street)	Check if address changed		ss changed	2. Identification Number	
257 Minorca Beach Way (c) City, State and ZIP Code				H8FL24026 3. Is This New Amended	
New Smyrna Beach	FL	32169)	Statement (N) OR X Afficiated (A)	
4. Party Affiliation	5. Office Sought		6. State & Dis	trict of Candidate	
DEMOCRATIC PARTY	House		FL 24		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE					
7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election) election(s).					
NOTE: This designation should be filed with the appropriate office listed in the instructions.					
(a) Name of Committee (in full)					
Kosmas for Congress					
(b) Address (number and street)					
PO Box 1547					
(c) City, State and ZIP Code					
New Smyrna Beach	FL	32	2170		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.					
(a) Name of Committee (in full)					
Jared Polis Victory Fund					
(b) Address (number and street)					
PO Box 1174					
(c) City, State and ZIP Code					
Springfield	VA	22	2151		
I certify that I have exa	amined this Statemer	nt and to the best of	my knowledge	and belief it is true, correct, and complete.	
Signature of Candidate				Date	
Suzanne Kosmas			04/14/2010		
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g.					
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FEC FORM 2 (REV. 02/2009)

Gaithersburg

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
NOTE: This designation should be filed with the principal campaign committee.
(a) Name of Committee (in full)
Florida Victory Fund
(b) Address (number and street)
PO Box 83142
(c) City, State and ZIP Code

20878